Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>
Sent: Wednesday, February 03, 2016 12:00 PM
To: Constantine Kolouas; Chris Aquino

Subject: 2016 Annual Report - WMATC No: 1087, Carrier Name: Alstar Medical Transportation,

Inc.

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2016, must file a complete 2016 annual report and pay a \$175 annual fee on or before **February 1, 2016.** To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a \$150 late fee. Each carrier that fails to pay the \$175 annual fee on time will be assessed a separate \$150 late fee.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2016.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:

WMATC No.: 1087

Name of Carrier (as shown on certificate of authority): Alstar Medical Transportation, Inc.

Trade Name:

Principal Place of Business

Street Address: 10111 MARTIN LUTHER KING JNR HWY

Apt./Suite: #108 City: BOWIE State: MD Zip: 20720

Mailing Address (if different from street address)

Street: 5509 HILAND AVE

Apt./Suite: City: LANHAM

State: MD

Zip: 20706

Other Telephone:

Telephone Number: (240)353-6081

Fax Number: (301)577-6174 E-mail: bkruah@gmail.com

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number): **USDOT No.:** DCTC No.: Virginia DMV passenger carrier No.: **Maryland PSC No.: 3. CARRIER CONTACT PERSON** (at mailing address to whom we should direct inquiries): Name: BENJAMIN KRUAH **Title:** PRESIDENT **Telephone Number:** (240)353-6081 **Other Telephone:** (301)577-6173 Fax Number: (301)577-6174 E-mail: bkruah@gmail.com 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS *Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov. Name of Registered Agent for Service of Process: **Agent Address: Apt./Suite:** City: State: Zip: **Telephone Number:** E-mail: 5. *CHANGES: Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: (1) list your vehicles below or (2) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No.	Year*	Make*	Vehicle VIN*	License Plate*	State*	Seating Cap.*	Wheel Chair
	2006	CHEVY	2G1WS551369422127	53018B	MD	4	No
	2005	Mercury	2MRZA21245BJ03571	53014B	MD	4	Yes
	2000	FORD	1FBNE31LXYHA15558	9AY4984	MD	5	Yes
	2003	FORD	1FTNE24273HA45943	1CC5708	MD	5	Yes
	2007	FORD	1FTNE24W87DA59141	8CA3874	MD	5	Yes
	2007	DODGE	1D4GP24R77B125772	5BV2609	MD	5	Yes

7. *CERTIFICATION:

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Name: BENJAMIN KRUAH

Title: PRESIDENT **Date:** 02/01/2016

^{*}Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.